

CLARK MEADOWS AT FERRIS HILLS



The safety of our residents, visitors and staff remains a priority. As respiratory illness outbreaks continue to evolve and spread globally, Clark Meadows is closely monitoring the situation and will provide updates based on the recommendations from the Centers for Disease Control and the New York State Department of Health.

To prevent the spread of such illnesses and reduce the potential risk of exposure to our residents, we are conducting a simple screening questionnaire. Your participation is required and we thank you in advance for your time and cooperation.

PRINT Name: _____ PHONE: _____

RESIDENT FOR VISITING: _____

If the answer is YES to any of the following questions, access to Clark Meadows will be restricted.

Do you:

- 1) Currently have signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat? YES___ NO___
- 2) Currently have a fever or have you had one within the last 72 hours? YES___ NO___
- 3) Have you had **unexplained** symptoms such as a loss of taste or smell, headache, body aches or fatigue within the last 72 hours? YES___ NO___
- 4) Have you had vomiting and/or **unexplained diarrhea in the past 72 hours?** YES___ NO___
- 5) Have you travelled out of NY State in the last 14 days? (See regularly updated list of states that trigger a possible quarantine order) Yes___ No___

SIGNATURE: _____ DATE _____

Temperature: _____